



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
STOLL	JENNIFER	LYNN	310 951 0509
MAILING ADDRESS (Street)			FAX
2327 NW NORTHRUP ST. #20			503 946 8342
(City)	(State)	(Zip Code)	
PORTLAND	OR	97210	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SEPRACOR INC			800 331 6802
MAILING ADDRESS (Street)			FAX
84 WATERFORD DRIVE			508-357-7894
(City)	(State)	(Zip Code)	
MARIBOROUGH	MA	01752	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
SEPRACOR INC.		508-481-6700
MAILING ADDRESS (Street)		FAX
84 WATERFORD DRIVE		508-357-7894
(City)	(State)	(Zip Code)
MARIBOROUGH	MA	01752
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
JENNIFER STOLL		310 951 0509
MAILING ADDRESS (Street)		FAX
2327 NW NORTHRUP ST #20		503 946 8342
(City)	(State)	(Zip Code)
PORTLAND	OR	97210

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Jennifer Stoll
(Signature of Lobbyist)

8-7-06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Mark J. Wanda - Vice President, Legal Affairs TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Sepracor Inc.

NAME OF ORGANIZATION (if applicable)

TELEPHONE

84 Waterford Drive

508-481-6700

MAILING ADDRESS (Street)

FAX

Marlborough
(City)

MA
(State)

01752 508-357-7894
(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Mark J. Wanda
(Signature of Authorizing Officer or Person Represented)

8/29/06
(Date)